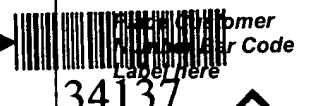




1643  
#11

<b>• CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	<b>Application Number</b>	09/486,625
	<b>Filing Date</b>	09/13/00
	<b>First Named Inventor</b>	Velpandi Ayyavoo
	<b>Group Art Unit</b>	1643
	<b>Examiner Name</b>	L. Scheiner
	<b>Attorney Docket Number</b>	UPAP-0287

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 34137  **34137**  
Type Customer Number here

**OR**

<input checked="" type="checkbox"/> <b>Firm or Individual Name</b>	COZEN O'CONNOR				
<b>Address</b>	1900 Market Street				
<b>Address</b>					
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>ZIP</b>	19103-3508
<b>Country</b>	United States				
<b>Telephone</b>	215.665.2000		<b>Fax</b>	215.665.2013	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

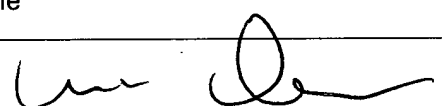
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or  
Printed Name Mark DeLuca

Signature 

Date Feb 3 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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